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GUIDELINES FOR SPEECH THERAPY IN THE PUBLIC SCHOOL.

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PREPARED FOR PUBLIC SCHOOL PERSONNEL, THIS BOOKLET USES A QUESTION-ANSWER FORMAT TO EXPLAIN PUBLIC SCHOOL SPEECH AND HEARING SERVICES. SPEECH DISORDERS AND SPEECH THERAPY ARE DEFINED. THE NEED FOR THE SERVICES OF THE SPEECH AND HEARING SPECIALIST AND CLASSROOM SPEECH IMPROVEMENT PROGRAMS IN THE PUBLIC SCHOOLS IS DISCUSSED. AN OUTLINE SUGGESTS HOW A PROGRAM MIGHT FUNCTION, INCLUDING INFORMATION ON THE CASE LOAD, PARENTAL ROLE, SCHEDULING, AND PHYSICAL REQUIREMENTS OF THE SPEECH ROOM. THIS DOCUMENT IS THE "SPECIAL EDUCATION BULLETIN" OF FARMINGTON STATE COLLEGE, VOLUME 4, NUMBER 5C, APRIL 1, 1967. (JD)

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DEPARTMENT OF SPECIAL EDUCATION
FARMINGTON STATE COLLEGE

GUIDELINES FOR SPEECH THERAPY

IN THE PUBLIC SCHOOL

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Volume IV April 1, 1967 Number 5c

This pamphlet is issued in an effort to inform and advise school personnel regarding public school speech and hearing services.

At the present time many of the public schools in Maine are without programs to serve the large number of children who need speech and/or hearing services.

It is our hope that this brief pamphlet will answer some basic questions relevant to public school programs and generate interest in helping children with speech and hearing problems.

Richard W. Holmes, Head
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Farmington State College

A. Incidence of speech disorders:

Several percentage figures have been developed for determining the number of children who are in need of speech therapy services. In general, approximately 8 to 10% of the children in elementary school have been found to have speech problems. In the junior and senior high schools we would expect to find at least 2 to 4% of the students with such problems. Application of these percentage figures to town, city or S.A.D. school enrollment would indicate that a sizeable group of children have needs which are not being met.

B. How acute are these speech problems?

In today's society one must be able to communicate effectively since a high premium is placed on this very basic skill. As in all other developmental skills, there is a prime period for acquistion of speech skills. Speech difficulties like many other skill deficiencies need early diagnosis and early remediation. The longer assistance is deferred the more guarded is the prognosis.

These problems <u>are acute</u> for many children. Speech is extremely important in the learning process. Early diagnosis and remediation is imperative. We have many children in our public schools who need speech therapy services now.

C. What is speech correction or speech therapy?

The speech therapist is a specialist in speech and language development. He or she is trained to recognize, plan and carry out programs designed for children, and adults, who have speech disorders. This specialist, while not a hearing technician, is also able to assist children who are having auditory problems. Therapists today are graduates of four year bachelors degree programs and often hold masters and doctorate degrees. Speech therapists are certified by state boards of education, as are teachers, and often qualify for other certificates of competence within their professional association.

Not only are speech therapists able to assist with the remediation of observable speech disorders of children but they can assist the school curriculum by advising in either the initiation or extension of classroom Speech Improvement Periods. Speech improvement in the classroom benefits all children in developing appropriate communication skills. The classroom approach also assists children with minor speech faults not needing intensive speech therapy. These classroom programs also assist the speech and hearing handicapped child to use and further practice those skills learned in therapy. Here is a program that will assist all children in the school population. Speech improvement in the classroom does not replace speech therapy but it can be a very valuable supplement. The speech therapist can serve as a resource person in the development or extension of such a program. Speech improvement should be an integral part of all kindergarten, sub-primary and first grade programs at the very least.

D. When do we need a speech and hearing program?

In many states when the school population reaches 2,000 pupils then a full time speech therapist is required by law or regulation. (This figure does vary from 2,000 to 2,500 among states.) The need for such services can be determined by a school survey through teacher referral. This can be a fairly good indicator of need if proper orientation is conducted prior to the initiation of the survey. Some reservations must accompany this type of survey. The orientation for referring teachers should be conducted by a speech specialist and speech disorders clearly defined to all those who will be participating in this type of screening program. Many times those who are to refer the children are apprehensive and thus when they are not sure if the problem is worthy of attention they do not list the child. Whenever there is any question of a speech or hearing impairment or irregularity the child's name should be listed.

E. Can schools afford this new specialist?

In the final analysis fiscal responsibility does need to be considered. Often we in education come out with the cliche that "we can not afford not to" hire, buy, include or whatever is under discussion. This is still a true and valid response but in funding for the salary of the proposed speech therapist the picture is indeed bright. Under current regulations the state will reimburse the town, city, or S.A.D. for 60% of the therapist's total salary.

F. "M.S.H.A."

The Maine Speech and Hearing Association is the professional organization within the state. Its membership is made up of those few speech and hearing professionals here in Maine.

The Association was formed to promote extension of the field in Maine and to maintain the discipline and standards. The resources of this group are always available to anyone with questions. The membership of the Association is always ready to counsel and advise, when invited.

G. Why public school services if we have speech and hearing clinics?

(1) Case load: The clinics do not have sufficient staff to handle public school case loads.

(2) Case type: Clinical cases and public school cases are and should be of a different composition. Clinical cases are generally conceded to be the more difficult cases needing longer, more involved and often more specialized types of approaches and equipment.

Public school cases are not to be considered easier in light of the above but rather of a different type. In the public school the case load is primarily comprised of children with generally articulation errors often alluded to as functional disorders. This means non-organic cases which are not caused by structual or

related impairment. This case load may be handled in a different manner and is not considered as complex, generally, as are the clinical cases.

(3) Location: The therapist in the public school who functions as an integral member of the curriculum and teaching team is the most efficient and natural location for this service and program. The speech therapist located in the school is the most logical place to be if we are to reach all the children with speech therapy. Other arrangements can only handle limited numbers of children. To be effective, the program should reach large numbers of children. It seems apparent that only through the use of public funding can we reach them all. The school has the proper learning atmosphere and has the necessary situation available for sufficient reinforcement which is essential in a therapy program.

H. Is it difficult to organize and initiate a program?

The major problem is solved once you have acquired your therapist. This specialist will, with the approval of the chief school administrator, set up and initiate the speech and/or hearing program.

I. Are therapists available?

The supply is short and the demands are increasing. However, there are therapists in Maine today who can be hired. It is not easy to find a trained therapist but many communities have not assessed the need for such a position. First a position needs to be available. Then perseverance and active recruiting is needed. The therapist will not often seek out positions when supply is short and the demand for the limited supply is heavy.

In June 1968 the first group of public speech correction majors will graduate from Farmington State College. This should begin to fill a long overdue need in Maine.

J. A brief outline of how a program gets started and the steps involved.

Initially a school community has to decide to proceed with a program and recruit a therapist. Once the therapist is on the scene the sequence might occur as follows:

I. Case load identification: In a new program screening techniques need to be applied in order to locate the children needing service. Screening is accomplished either by the therapist directly screening all the children or by using the teacher referral technique where the classroom teacher submits a list of children needing help. It is wise to set up a routine screening system where all the new school entrants are checked and often it is well advised to have a second screening level where you pick up those children missed initially and/or those who may have acquired a problem. In any event considerable attention should be focused on grades K-4 as early diagnosis and treatment is of real importance in remediation. Perhaps the therapist will want to screen all children K-12. This will be a long and difficult task due to school enrollment, but could be a long range goal.

II. Who to serve: Generally it is considered unwise for a therapist to handle more than from 80 to 100 pupils in the case load at one time. (This writer feels that 60 pupils for a first year therapist is sufficient at one time.) Often there will be more children needing service than one therapist can handle. Therefore, a balanced case load of clients is suggested and a waiting list initiated. Who is to be served should be jointly agreed on by the chief school executive in conjunction with the therapist. A quality program will better serve children's needs than will a program stressing quantity. Overloading of the therapist will result in a less desirable program. In the event large numbers of children need service, thought must be given to employing more than one therapist.

III. Parents and the program: Whether or not parental consent is received prior to including the child in the program should be dependent upon policies of

the local school system. The cooperation needed to conduct the therapy program is needed both in school and in the home. Parents will need to assist the child and knowledge of the program is important for successful cooperation in this venture. If it is decided that parental consent is desired this can be accomplished either by scheduling a conference or by mailing a consent form to be approved or disapproved and returned. Often in large systems initial conferences slow down initiation of the program and mailing out forms is more expedient. However, the conference should only be deferred not discarded.

IV. The speech therapy program in the school: The therapist generally works on either an itinerant or block schedule. He, or she, has offices in one of the schools and travels to the schools involved for therapy sessions.

Group instruction is usually the rule with groups varying from 3 to 4 but generally no more except in such special instances as language and speech stimulation work or perhaps with groups of children with stuttering problems. Individual instruction is at times necessary and will be part of the scheduling. The general rule is that usually the case load is group work but scheduling, size of group and frequency of sessions is dependent upon the children and the severity of their problems. Need for service should dictate grouping rather than strictly the inclusion of masses in groups in order to include all children in therapy. Children with similar problems are, of course, a paramount consideration when grouping for therapy.

The length of a therapy session varies as to the number of children involved and their particular problems but generally sessions last 30 minutes. Surveys report that approximately 50% of the public school therapists meet their cases twice a week. Frequency of sessions as well as session length will depend on the child's needs. Speech and hearing is an integral segment of the entire educational program and thus children will be taken directly from classes for therapy sessions.

Coordination time: Extra testing, supplementary sessions, classroom observa-

tion, and agency coordination; these terms appropriately and properly define time which must be allocated if the program is to accomplish its total task. Coordination time is not a period for working in the office on records, lesson plans, etc. as these functions are the same for any member of the education team and is accomplished on one's own time. Coordination time is vital to the program if continual screening, testing, etc. is to be maintained and the program is to be continued at a high and efficient level. The therapist who does not schedule this time, or is not allowed to, is not operating realistically.

Speech room: At the very least the therapist should have an office area where records and supplies can be centralized and where meetings and other necessary functions can be based. In the schools a regular and adequate class area should be available in all the schools visited. Physical plant demands are not exorbitant but must be met. The therapist is your best guide as to what is minimally needed. A multi-purpose room in the school is often adequate but perhaps the guiding percepts are a stable location, suitably equipped with reasonable noise discipline.

K. What is the administrators responsibility in such a program?

The superintendent is normally the responsible officer. The therapist is immediately answerable to the superintendent or his delegate. Who to serve, how to serve them, equipment, budget and generally all questions effecting the program need to be cleared through the superintendent's office. This is necessary as the speech and hearing programs serves <u>all</u> the schools and thus changes will effect the entire school district.

L. What about a hearing program ?

Often hearing testing is carried out by the school nurse or the Public Health Nurse and thus the audiometric testing would not need to be carried out by the speech therapist. However, in as much as all speech and hearing therapists have hearing

testing as part of their professional training they are able to organize a testing program. For a hearing testing program to be really effective an otologist should be available to the school system.

M. How long does it take to learn to operate an audiometer?

Today audiometers can be secured under "federal title funds". This is certainly of real service as the school systems can acquire needed equipment. However every advantage has its disadvantage. An audiometer is an assistive diagnostic device. Therefore audiometers are just not "operated". Instruction and training in their use and misuse is essential prior to their application. It is not possible to say how long it will take to learn to use an audiometer effectively as some individuals just never are able to use one effectively. The important point is training and instruction must supercede its use.

N. What constitutes a good "hearing program"?

1. Consulting otologist
2. Competent audiometrist in lieu of an audiologist
3. Auditory training program by a trained therapist
4. Program of hearing testing started early in the school or pre-school years